

(1) PLACE OF BIRTH  
County of Florence  
Township of Cane

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42353

Inc. Town of ..... or  
City of ..... (No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2007 Registered No. 101  
(For use of Local Registrar)

(2) Full Name of Child. Essie Brown } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 10 22  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Dave Brown

(9) PRESENT POSTOFFICE OF FATHER Pamphlico S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE Florence County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Six

**MOTHER.**

(14) NAME BEFORE MARRIAGE Hossie Heyman

(15) PRESENT POSTOFFICE OF MOTHER Pamphlico S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE Florence County

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth Six

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julian Heyman (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness A. L. Cox (Signature of Witness necessary only when question 23 is signed by mark)

(27) W. H. Poston Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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